

MassHealth Provider Remittance Message Texts – 2021

<i>MassHealth Provider Remittance Message Texts – 2021</i>	1
January	5
01/19/21	5
Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates	5
01/26/21	5
Adjustment of Medicare Part B Crossover Claims for Certain Drug Codes	5
February	6
02/02/21	6
Retro Rate Adjustments for Hospice Providers	6
02/09/21	7
Retro claims adjustment FOR CPT CODE S0302 With dates of service on or after 1/1/2018 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS	7
NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL	7
HIPAA EDI File Update – Eligibility Transaction	7
SERVICE CODE S9485 with modifier SE FOR MENTAL HEALTH CENTERS	8
02/16/21	8
2021 COVID ICD-10-PCS and Diagnosis Codes Updates FOR ALL PROVIDERS	8
Reprocessing of claims denied for edit 2001 ‘Member ID not on file’	9
Medicare coverage denials on claims for Medicare Advantage Members	9
02/23/21	9
Reprocessing of claims with CPT code 01996 Denied for Edit 4170.....	9
FY21 General Appropriations Act, home health aide billing, and claims-auto adjustment for dates of service January 1, 2021 through March 15, 2021.....	10
Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates	10
March	11
03/02/21	11
NOTIFICATION OF ELIGIBILITY WORKAROUND FOR SOME MEMBERS WITH MEDICARE AND MASSHEALTH DURING THE PUBLIC HEALTH EMERGENCY	11
03/09/21	12
Retro claims adjustment FOR dates of service BETWEEN 4/1/2020-9/11/2020 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS.....	12
03/16/21	12
2021 MassHealth Provider Access Improvement Grant Program (PAIGP) Grant.....	12
Eligibility Transaction Update – HIPAA Health Care Benefit Inquiry and Response (270/271)	13
Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates	13
April	14
04/13/21	14
Retroactive payments for substance use disorder outpatient services	14
Eligibility Transaction Update – HIPAA Health Care Benefit Inquiry and Response (270/271)	14
04/27/21	16
Claims Reprocessed FOR 2021 HCPCS/CPT code updates.....	16
Member Cost Sharing – Important information to prepare for implementation	16

May	17
05/11/21	17
Member Cost Sharing – Important information to prepare for implementation	17
05/18/21	19
Effective June 15, 2021, Outpatient Therapy Prior Authorization must be submitted through the LTSS Provider Portal.....	19
05/25/21	19
REPROCESSING OF CLAIMS WITH HCPC U0005 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS	19
Retro claims adjustment FOR HCPC U0005	20
June.....	20
06/01/21	20
Reprocessing Medicare Crossover Claims for Certain Dually Eligible Members Impacted by the Public Health Emergency	20
06/15/21	21
UPDATE FOR CORRECTED RATES EFFECTIVE April 1, 2020	21
Member Cost Sharing – Important information to prepare for implementation	21
IMPORTANT: Change in Operating and Supervising Physician Claim Requirements	21
06/22/21	22
URGENT: Medical Device Recall	22
Updated Rates for Psychiatric Day Treatment Providers	23
06/29/21 – Revised message (previously posted 06/22/21)	23
URGENT: MEDICAL DEVICE RECALL	23
July	25
07/06/21	25
Member Cost Sharing – POST IMPLEMENTATION.....	25
07/13/21	26
Multi Benefit Plan.....	26
NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL	26
07/20/21	27
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2021	27
POST EMERGENCY COVID APR-DRG UPDATES FOR ALL ACUTE INPATIENT HOSPITALS.....	27
07/27/21	27
Revised message - Multi Benefit Plan.....	27
TEMPORARY RATE INCREASE FOR DME AND OXYGEN AND RESPIRATORY EQUIPMENT AND SUPPLIES and NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL	28
August	29
08/03/21	29
NEW UPDATED VERSION OF THE ORTHOTIC AND PROSTHETIC PAYMENT & COVERAGE GUIDELINE TOOL	29
08/10/21	30
Reminder to use GT Modifier when providing Therapist Services via Telehealth.....	30
Reminder to use GT Modifier when providing Home Health Services via Telehealth	30
Reminder to use GT Modifier when providing Hospice Services via Telehealth	30
Continuous Skilled Nursing Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.....	31
Continuous Skilled Nursing Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act	31

08/17/21	32
Reminder – HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Transaction Utilization	32
Continuous Skilled Nursing Holiday Rate Correction and Auto Claims Adjustment for Independent Nurse Providers.....	33
Continuous Skilled Nursing Holiday Rate Correction and Auto Claims Adjustment FOR HOME HEALTH AGENCY PROVIDERS	33
08/24/21	33
DME/OXY Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act	33
08/31/21	34
Independent Nurse Bulletin 3: Rate Increases for Certain Home-and Community-Based Services related to Section 9817 of the American Rescue Plan Act	34
Home Health Agency Bulletin 67: Rate Increases and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act.....	35
September	35
09/07/21	35
ATTN: MassHealth Durable Medical Equipment (DME), Oxygen and Respiratory Therapy Equipment (OXY) PROVIDERS, AND Pharmacy PROVIDERS with a DME/OXY Specialty	35
UTILIZATION OF ROBOTICS PROCESSING AUTOMATION ON THE POSC	36
Updated MassHealth Policies on Gender Affirming Care Coverage.....	37
09/14/21	37
Reprocess/Adjustments for Professional Claims Denied with Edit 4801 ‘Procedure Not Covered By Provider Contract’	38
MassHealth Durable Medical Equipment (DME) Regulation and Deferred Compliance (Revised Message).....	38
09/21/21	39
Claims Reprocessed FOR CPT 71552 - MAGNETIC RESONANCE IMAGING CHEST W/OUT CONTRAST MA ...	39
09/28/21	39
REMINDER: ROBOTICS PROCESSING AUTOMATION (RPA) SURVEY	39
Transition of EARLY Intensive BEHAVIORAL Intervention (EIBI) from Early Intervention	40
NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL	40
October	41
10/05/21	41
Medicare Crossover Claims issue	41
10/12/21	41
Expanded Vaccine Requirement to Include Home Care Workers and Independent Nurse COVID-19 Attestation Form	41
RPA SURVEY EXTENDED UNTIL 10/29/21	42
10/19/21	42
Multi Benefit Plan	43
Retro claims adjustment update for Home Health Agency Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.....	43
10/26/21	44
Duplicate Outpatient Claim Payments for Drug Codes	44
November	44
11/02/21	44
MassHealth Primary User Policy reminder.....	44

Home Health Agency and Continuous Skilled Nursing Agency Program Regulation Training	45
Billing Reminder Regarding Opioid Treatment Services Provided to Medicare and Medicare Advantage Members	46
11/09/21	46
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE October 1, 2021	46
FINAL DEADLINE APPEALS BOARD ELECTRONIC CORRESPONDENCE	47
11/16/21	47
FY2022 General Appropriations Act Home Health Aide Rate Increases and Reporting Requirements	47
FY2022 General Appropriations Act- Home Health Aide Retro Claims Adjustment.....	47
11/30/21	48
UPDATE: ARPA TEMPORARY RATE INCREASE.....	48
lump sum payments for WORKFORCE INVESTMENT RATES FOR CERTAIN HEALTH AND HUMAN SERVICES PROGRAMS.....	49

January

01/19/21

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

On March 14, 2021, MassHealth will make a minor change to the requirements for claim submissions. These changes apply to claims that list:

- An operating physician,
- A service facility location, and
- Supervising physician information

The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions.

In preparation for these modifications, MassHealth will conduct general information sessions for providers, trading partners, and vendors beginning January 2021. Registration can be completed at <https://www.mass.gov/service-details/trading-partner-education>.

It is highly recommended that providers and trading partners participate in each of the information sessions. If the changes require your organization to make modifications to the information submitted within your batch or DDE claims transactions, or updates to your operational processes, MassHealth encourages you to identify the changes as quickly as possible.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

01/26/21

Adjustment of Medicare Part B Crossover Claims for Certain Drug Codes

MassHealth has paid Medicare crossovers claims billed with certain drug codes in error. The HCPCS codes billed on the claims are as follows: J0289, J1459, J1599, J1817, J7503, J7508, J7512, and J7677. The affected Medicare crossover claims with dates of service in 2019 and 2020 have been adjusted and applicable claim lines were denied with edit 2509 'Member covered by Medicare B (Pharmacy)'. The adjusted claims will appear on this and subsequent remittance advices. Providers were reimbursed appropriately for these drugs on their Pharmacy claims.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

February

02/02/21

Retro Rate Adjustments for Hospice Providers

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised Federal Fiscal Year 2021 rates (October 1, 2020) by the Executive Office of Health and Human Services. Please review this RA for accuracy. Proposed corrections must be submitted to the MassHealth LTSS Provider Service Center within 30 days from the date of this RA at support@masshealthltss.com or by calling (844) 368-5184. For more information, refer to the POSC job aid “View Remittance Advice Reports” on the Job aids for the Provider Online Service Center (POSC) web page at <https://tinyurl.com/y95aaqjk>.

For questions, please contact the MassHealth LTSS Provider Service Center at support@masshealthltss.com or call (844) 368-5184

02/09/21

Retro claims adjustment FOR CPT CODE S0302 With dates of service on or after 1/1/2018 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth is aware that claims with CPT code S0302 are denying in error for Edit 4801 - Procedure Not Covered by Provider Contract. MassHealth has corrected the error and reprocessed all of the impacted claims with a date of service on or after 1/1/2018. All adjusted claims will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME & Oxygen Payment and Coverage Guideline Tool was updated on 10/1/20 to include the information described below and posted on the MassHealth website. To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools.

Refer to Administrative Bulletin 20-01 and Transmittal Letter OXY-34, effective October 1, 2020, for more information on the addition of the Multifunction Respiratory Device: <https://www.mass.gov/lists/2021-eohhs-administrative-bulletins> <https://www.mass.gov/lists/2021-masshealth-transmittal-letters>

The requirements and limits have been updated for HCPCS code B4100.

The online MassHealth DME & Oxygen Payment and Coverage Guideline Tool generally provides instructions regarding topics including, but not limited to, coverage, limits, and prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

HIPAA EDI File Update – Eligibility Transaction

In July 2021, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction. This will impact both Real-Time and Batch

transactions. The change is limited to the electronic eligibility response (271) file only. The 271 response will remove a segment and will include modified information (EB01, 02 03, 06, 07, MSG) in Loop 2110C – Subscriber Eligibility or Benefit Information.

MassHealth recommends that all Providers, Trading Partners and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your systems can accept the additional information within that Loop.

The updated MassHealth 270/271 Companion Guide is available for download on the MassHealth website here: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

Trading Partners and vendors who are interested in testing this modification will have an opportunity to test the receipt of the additional information beginning in early April 2021.

If you would like learn more about the changes and/or need to participate in TPT to test your system changes, please contact MassHealth EDI at edi@mahealth.net or (800) 841-2900.

SERVICE CODE S9485 with modifier SE FOR MENTAL HEALTH CENTERS

Mental Health Center providers who are billing for the Emergency Service Program (ESP) service code of S9485, with the SE modifier, can continue to do so as MassHealth has decided not to add any new modifiers in place of the SE modifier. Any denied claims billed with the SE modifier have been reprocessed and will appear on this or a future remittance advice. Providers do not have to take any action at this time.

If you are a provider who has not billed your claims please do so. MassHealth will inform providers of any changes going forward.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

02/16/21

2021 COVID ICD-10-PCS and Diagnosis Codes Updates FOR ALL PROVIDERS

MassHealth has updated 21 Covid ICD-10-PCS and 6 Diagnosis codes, retroactively effective 1/1/2021. Claims that were erroneously denied for these codes will be reprocessed and will appear on a future remittance advice.

The ICD-10-PCS codes involved were: XW013H6, XW013K6, XW013S6, XW013T6, XW013U6, XW023S6, XW023T6, XW023U6, XW033E6, XW033F6, XW033G6, XW033H6,

XW033L6, XW043E6, XW043F6, XW043G6, XW043H6, XW043L6, XW0DXM6, XW0G7M6, and XW0H7M6.

The Diagnosis codes involved were: J12.82, M35.81, M35.89, Z11.52, Z208.22, and Z86.16.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Reprocessing of claims denied for edit 2001 ‘Member ID not on file’

MassHealth has identified certain claims which inadvertently denied for edit 2001 “Member ID not on file” when the member ID submitted on the claim was a legacy ID. Claims with legacy IDs are cross walked to the member’s MassHealth ID, however an issue was encountered which caused these claims to deny. This issue was corrected in MMIS in January and the affected claims with dates of service within 3 years have been reprocessed and will appear on this and subsequent remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Medicare coverage denials on claims for Medicare Advantage Members

MassHealth is aware that claims were erroneously denied for “Member covered by Medicare” (edits 2505 or 2525) when providers have appropriately reported Medicare Advantage plan adjudication details on the claim. These denials occurred on claims adjudicated by MassHealth from 1/17/21 through 1/29/21. The issue causing these denials was corrected in production on 1/30/21 and the affected claims have been reprocessed and will appear on this and subsequent remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

02/23/21

Reprocessing of claims with CPT code 01996 Denied for Edit 4170

MassHealth is aware that claims with CPT code 01996 are denying in error for Edit 4170 – Units Billed Greater Than Allowed. MassHealth has corrected the error and reprocessed all of the impacted claims. All reprocessed claims will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

FY21 General Appropriations Act, home health aide billing, and claims-auto adjustment for dates of service January 1, 2021 through March 15, 2021

In January 2021, MassHealth issued Home Health Agency Provider Bulletin 62, which provided guidance on the FY2021 General Appropriations Act (FY21 GAA), home health aide supplemental add-on rate, and reporting requirements. The bulletin can be found at <https://tinyurl.com/yucxbuv6>.

Per the FY21 GAA, MassHealth has promulgated a temporary home health aide supplement add-on rate for services provided from January 1, 2021 through June 30, 2021. The supplemental add-on rate is \$0.67 per 15-minute unit, and the total temporary rate for home health aide services from January 1, 2021 through June 30, 2021 will be \$7.40 per 15-minute unit.

MassHealth will be adjusting all provider claims submitted for dates of service between January 1, 2021 and March 15, 2021 to account for the increased rate for home health aide services. Home health agencies will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to March 15.

If you or your agency has any questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

On March 14, 2021, MassHealth will implement minor changes to the requirements for professional and institutional claim submissions to ensure that relevant information is captured on the claim. The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions. These changes apply to claims that include:

- Operating physician information,
- A service facility location, and
- Supervising physician information

Additionally, any Operating, Supervising, or Attending physician entered on a claim should be actively participating/enrolled with MassHealth at least as a nonbilling provider. Informational edits will be issued for any claim that includes an Operating, Supervising, or Attending physician that is not actively participating/enrolled with MassHealth. MassHealth will issue further guidance with advance notice before implementing denials for these specific edits.

MassHealth began conducting general information sessions for providers, trading partners, and vendors in January 2021. To register for the final information session, please visit: <https://www.mass.gov/service-details/trading-partner-education>.

MassHealth trading partners, vendors, and providers may submit 837 test files or DDE test claims on the MMIS Test Portal between March 1- March 12, 2021.

- Providers can submit a DDE test claim on to the MMIS Test Portal using their existing POSC log in credentials: <https://tinyurl.com/2rm7glq3>
- Providers who would like to submit an 837 test file must contact MassHealth's EDI department at edi@mahealth.net to arrange the test

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

March

03/02/21

NOTIFICATION OF ELIGIBILITY WORKAROUND FOR SOME MEMBERS WITH MEDICARE AND MASSHEALTH DURING THE PUBLIC HEALTH EMERGENCY

During the public health emergency, you may have provided services to an individual with both Medicare and MassHealth and received a claims denial for the portion of the claim submitted to MassHealth for payment. Due to the Medicaid continuous coverage requirement in effect during the COVID-19 public health emergency, MassHealth is generally keeping individuals in the benefit they had on or after March 18, 2020, despite such individuals being potentially eligible for a different coverage type due to age and Medicare status. The benefit they remain in may not be one that is designed to coordinate as a secondary payer and may therefore result in the unintended denial of crossover claims.

To address this issue, MassHealth recently implemented a temporary resolution that will allow for the payment of such crossover claims when submitted for a Medicaid-covered service and the individual is otherwise eligible. Additionally, this resolution has been made retroactive to coincide with the member's Medicare eligibility start date or March 18, 2020, whichever is later. As such, MassHealth is preparing to reprocess claim denials that may have occurred as a result. These claims will be paid by MassHealth if the member is eligible. Additional details regarding the reprocessing of claims will be posted in the near future.

03/09/21

Reprocessing of claims billed with CPT codes 9938X and 9939X Denied for Edit 4033 for Acute Outpatient Hospitals And Hospital Licensed Health Centers

MassHealth is aware that claims billed with CPT codes 9938X or 9939X and with the GT modifier are denying in error for Edit 4033 – Procedure Code Not Compatible with Modifier. MassHealth has corrected the error and reprocessed all of the impacted claims. All reprocessed claims will appear on this or a future remittance advice.

The procedure codes involved were: 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, and 99397.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Retro claims adjustment FOR dates of service BETWEEN 4/1/2020-9/11/2020 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth has identified certain claims which inadvertently used “lesser of” logic at the claim detail line and therefore paid the claim line’s billed amount, instead of paying the claim line’s Enhanced Ambulatory Patient Groups (EAPG) amount. MassHealth has corrected the error and reprocessed all of the impacted claims. All reprocessed claims will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

03/16/21

2021 MassHealth Provider Access Improvement Grant Program (PAIGP) Grant

On March 15, the 2021 Cycle 3 MassHealth Provider Access Improvement Grant Program (PAIGP) grant cycle application period will open. The program aims to help eligible MassHealth Fee-for-Service providers increase access to healthcare and improve outcomes for patients with disabilities or for whom English is not a primary language, through the purchase of accessible medical diagnostic equipment, communication devices, and other resources.

On March 17, there will be an Informational Webinar. For questions, to register, or for more information please visit PAIGP.org.

Eligibility Transaction Update – HIPAA Health Care Benefit Inquiry and Response (270/271)

On July 1, 2021, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction. This will impact both Real-Time and Batch transactions. The change is limited to the electronic eligibility response (271) file only. The 271 response will remove a segment and will include modified information (EB01, 02 03, 06, 07, MSG) in Loop 2110C – Subscriber Eligibility or Benefit Information.

MassHealth recommends that all Providers, Trading Partners, and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your systems can accept the additional information within that Loop.

The updated MassHealth 270/271 Companion Guide is available for download on the MassHealth website: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

Trading Partners and vendors who are interested in testing this modification will have an opportunity to test the receipt of the additional information between April 5-May 31, 2021.

If you would like to learn more about the changes and/or need to participate in TPT to test your system changes, please contact MassHealth EDI at edi@mahealth.net or (800) 841-2900.

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

On March 14, 2021, MassHealth implemented minor changes to the requirements for professional and institutional claim submissions to ensure that relevant information is captured on the claim. The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions. These changes apply to claims that include:

- Operating physician information,
- A service facility location, and
- Supervising physician information

Additionally, any Operating, Supervising, or Attending physician entered on a claim should be actively participating/enrolled with MassHealth at least as a nonbilling provider. Informational edits will be issued for any claim that includes an Operating, Supervising, or Attending physician that is not actively participating/enrolled with MassHealth. MassHealth will issue further guidance with advance notice before implementing denials for these specific edits.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

April

04/13/21

Retroactive payments for substance use disorder outpatient services

Rates for the following substance use disorder outpatient service codes were increased effective January 1, 2021: H0020, H0004-TF, T1006-HR, H0005-HQ, 90882-HF, H0004, H0005, T1006, T1006-HF, T1006-HG, H0005-HF, H0005-HG, and H2016-HM.

Providers who submitted claims for these service codes between January 1, 2021 when the rates became effective and March 23, 2021 when the rates were updated in MMIS will receive a retroactive payment totaling the difference between the new rates and the old rates.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Eligibility Transaction Update – HIPAA Health Care Benefit Inquiry and Response (270/271)

On July 1, 2021, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction. This will impact both Real-Time and Batch transactions. The change is limited to the electronic eligibility response (271) file only. The 271 response will remove a segment and will include modified information (EB01, 02 03, 06, 07, MSG) in Loop 2110C – Subscriber Eligibility or Benefit Information.

MassHealth recommends that all Providers, Trading Partners, and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your systems can accept the additional information within that Loop.

The updated MassHealth 270/271 Companion Guide is available for download on the MassHealth website: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

Trading Partners and vendors who are interested in testing this modification will have an opportunity to test the receipt of the additional information beginning in April and through May 31, 2021. An announcement will be made when TPT officially begins.

To provide further assistance, MassHealth will be offering Trading Partner Testing (TPT) Office Hours on April 14 and May 5. MassHealth encourages you to attend one of the sessions for an

overview of the testing for this change. To register for TPT Office Hours, please click on the links listed below.

April 14, 2021 at 1:00 PM

<https://maximus.zoom.us/j/99976247657>

May 5, 2021 at 1:00 PM

<https://maximus.zoom.us/j/99030354555>

If you would like learn more about the changes and/or need to participate in TPT to test your system changes, please contact MassHealth EDI at edi@mahealth.net or (800) 841-2900.

04/27/21

Claims Reprocessed FOR 2021 HCPCS/CPT code updates

The Centers for Medicare & Medicaid Services (CMS) has revised the HCPCS codes for 2021. MassHealth is updating the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate those 2021 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable.

MassHealth updated its system to reflect the 2021 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2021. All affected claims will be reprocessed and will appear on this or future remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Member Cost Sharing – Important information to prepare for implementation

On July 1, 2021, MassHealth will be revising its cost sharing policy and updating its systems to support the policy changes. The Eligibility Verification System (EVS) will be updated to display the new copay information and related messaging. The 271 response will be modified to remove a data element and include additional information in Loop 2110C. Please visit the link below for the most updated 270/271 HIPAA Companion Guide: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

MassHealth initiated Trading Partner Testing (TPT) of this minor modification in April with a designated set of trading partners. Providers that have any questions related to the 270/271 changes should contact MassHealth Customer Service Center's EDI team at edi@mahealth.net.

For more information regarding MassHealth's member cost sharing initiative please refer to All Provider Bulletin 315: <https://www.mass.gov/lists/all-provider-bulletins>

In addition to testing, the MassHealth Customer Service Center will host a provider information session to provide a high-level overview of these changes. MassHealth encourages providers to register for the information session as soon as possible. The information session will be held on June 16, 2021.

To register please make sure to visit: https://maximus.zoom.us/webinar/register/WN_z4WRyoW-TGSIOGzlOU_xdw

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. Pharmacy

providers who have any questions contact the MassHealth Pharmacy Technical Help Desk at (866) 246-8503

May

05/11/21

Member Cost Sharing – Important information to prepare for implementation

On July 1, 2021, MassHealth will be revising its cost sharing policy and updating its systems to support the policy changes. The Eligibility Verification System (EVS) will be updated to display the new copay information and related messaging for certain MassHealth members. The 271 response will be modified to remove a data element and include additional information in Loop 2110C.

MassHealth recommends that all Trading Partners and Vendors who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your practice management systems can accept the additional information within that Loop. Entities should further ensure that the copay information is viewable and/or accessible within their practice management and Electronic Medical Record (EMR) systems as applicable. The 270/271 HIPAA Companion Guide has recently been updated to provide a minor clarification regarding Loop 2110C-291-Eligibility or Benefit Information and 323- Free Form Message Text. Please visit the link below for the most updated 270/271 HIPAA Companion Guide: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

The updated copay policy will apply to members in MassHealth Standard, CarePlus, Family Assistance, and CommonHealth. The updated copay policy will not apply to Children's Medical Security Plan (CMSP) members and any drugs that are charged through Health Safety Net (HSN) will continue to be subject to the \$250 annual pharmacy copay cap. For more information regarding MassHealth's member cost sharing initiative please refer to All Provider Bulletin 315: <https://www.mass.gov/lists/all-provider-bulletins>

MassHealth initiated Trading Partner Testing (TPT) of this minor modification in April with a designated set of trading partners. Providers that have any questions related to the 270/271 changes should contact MassHealth Customer Service Center's EDI team at edi@mahealth.net.

In addition to testing, the MassHealth Customer Service Center will host a provider information session to provide a high-level overview of these changes. MassHealth encourages providers to register for the information session as soon as possible. The information session will be held on June 16, 2021.

To register please make sure to visit: https://maximus.zoom.us/webinar/register/WN_z4WRyoW-TGSIOGzlOU_xdw

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. Pharmacy providers who have any questions contact the MassHealth Pharmacy Technical Help Desk at (866) 246-8503.

05/18/21

Effective June 15, 2021, Outpatient Therapy Prior Authorization must be submitted through the LTSS Provider Portal

As of June 15, 2021, all Outpatient Therapy (OPT) Prior Authorization (PA) requests must be submitted through the LTSS Provider Portal. OPT PA requests will no longer be accepted through the Provider Online Service Center (POSC). If you are already submitting all PAs through the MassHealth LTSS Provider Portal, there will be no impact to your current process.

Please see the links below for training materials available on the LTSS Provider Portal (www.masshealthltss.com).

MassHealth Therapy Provider PA Portal Training Guide: <https://tinyurl.com/k6escker>

Occupational Therapy: MassHealth LTSS Provider Portal PA Training Recorded Session: <https://tinyurl.com/vfya7fyd>

Speech Therapy: MassHealth LTSS Provider Portal PA Training Recorded Session: <https://tinyurl.com/tk9cze73>

Physical Therapy: MassHealth LTSS Provider Portal PA Training Recorded Session: <https://tinyurl.com/8rjm89sb>

Note: in order to view the Occupational, Speech, and Physical Therapy recorded sessions you must download the file within the link.

For any issues with logging into the LTSS Provider Portal, registering new users, or for any questions regarding this notification, please call the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthltss.com.

05/25/21

REPROCESSING OF CLAIMS WITH HCPC U0005 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth is aware that claims with HCPC U0005 were paid as part of the Adjudicated Payment per Episode of Care (APEC) that uses the Enhanced Ambulatory Patient Group (EAPG) methodology, instead of paying the specific rate set forth in the All Provider Bulletin 304. This error has resulted in claims being underpaid. MassHealth has corrected the error and reprocessed all of the impacted claims. All adjusted claims will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Retro claims adjustment FOR HCPC U0005

MassHealth is aware that claims with HCPC U0005 are denying in error for Edit 4801 - Procedure Not Covered by Provider Contract. MassHealth has corrected the error and reprocessed all of the impacted claims with a date of service on or after 1/1/2021. All adjusted claims will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

June

06/01/21

Reprocessing Medicare Crossover Claims for Certain Dually Eligible Members Impacted by the Public Health Emergency

In March 2021, MassHealth published the following notice: “Notification of Eligibility Workaround for Some Members with Medicare and MassHealth During the Public Health Emergency”. Due to the Medicaid continuous coverage requirement in effect during the COVID-19 federal public health emergency, MassHealth is generally keeping individuals in the same or similar benefit they had on or after March 18, 2020. Members can only be moved to a new coverage type (1) if they are eligible for it and (2) if the new coverage type would offer the same or higher tier of benefits as the coverage as of March 18, 2020. See the Federal Interim Final Rule and Request for Comment (IFC) in 42 CFR 433. See Federal register Vol. 85, No. 216, at 71197. The benefit they remain in may not be one that is designed to coordinate as a secondary payer and may have resulted in the unintended denial of crossover claims. MassHealth recently implemented a temporary resolution that will allow for the payment of such crossover claims. The impacted Medicare crossover claims have been reprocessed by MassHealth and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

06/15/21

UPDATE FOR CORRECTED RATES EFFECTIVE April 1, 2020

MassHealth has completed an update for service code 96110. Rates were reduced for mid-level practitioners in error.

All impacted claims have been adjusted and will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Member Cost Sharing – Important information to prepare for implementation

On July 1, 2021, MassHealth will implement its revised cost sharing policy and updated system to support the policy changes. The Eligibility Verification System (EVS) will display the new copay information and related messaging for certain MassHealth members. The 271 response will eliminate a data element and include additional information in Loop 2110C.

MassHealth continues to recommend that all Trading Partners and Vendors who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your practice management systems can accept the additional information within that Loop. Entities should further ensure that the copay information is viewable and/or accessible within their practice management and Electronic Medical Record (EMR) systems as applicable. If you have not completed this already, please do so as soon as possible. Please visit the link below for the most updated 270/271 HIPAA Companion Guide: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

For more information regarding MassHealth's member cost sharing initiative please refer to All Provider Bulletin 315: <https://www.mass.gov/lists/all-provider-bulletins>

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. Pharmacy providers who have questions should contact the MassHealth Pharmacy Technical Help Desk at (866) 246-8503.

IMPORTANT: Change in Operating and Supervising Physician Claim Requirements

On March 15, 2021, MassHealth implemented minor modifications to support the operating and supervising physician requirements on its claim transactions. At that time, MassHealth began to temporarily provide informational edits related to those minor modifications. Please note, that effective for dates of service on or after August 1, 2021, MassHealth will begin denying claims that do not meet the operating and supervising physician requirements. This will apply for both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions.

If you have questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net. If you are an LTSS provider, please contact LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

06/22/21

URGENT: Medical Device Recall

Philips Respironics: Trilogy 100, Trilogy 200, Garbin Plus, Aeris, LifeVent, BiPAP V30, and BiPAP A30/A40 Series Device Models

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that Philips Respironics (Philips) is voluntarily recalling the below devices. Philips has indicated that the recall is due to two (2) issues related to the polyester-based polyurethane (PE-PUR) sound abatement foam used in Philips Continuous and Non-Continuous Ventilators: 1) PE-PUR foam may degrade into particles which may enter the device's air pathway and be ingested or inhaled by the user, and 2) the PE-PUR foam may off-gas certain chemicals.

MassHealth-enrolled providers are expected to perform prompt amelioration, repair, or replacement of items subject to recall. 130 CMR 450.204(B) requires that services, including but not limited to oxygen and respiratory equipment and supplies, meet professional standards. 130 CMR 450.204(B) provides that:

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

All Devices manufactured before 26 April 2021, All serial numbers:

Continuous Ventilator :

Trilogy 100

Trilogy 200

Garbin Plus, Aeris, LifeVent

Continuous Ventilator, Minimum Ventilatory Support, Facility Use:

A-Series BiPAP Hybrid A30 (not marketed in US)

A-Series BiPAP V30 Auto

Continuous Ventilator, Non-life Supporting:

A-Series BiPAP A40

A-Series BiPAP A30

Please refer to Philips's recall letters below:

Philips Recall Letter: <https://www.mass.gov/doc/phillips-recall-letter/download>

Philips Recall Physician Engagement Letter: <https://www.mass.gov/doc/phillips-engagement-letter/download>

If you have concerns regarding this recall, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. MassHealth may also be requesting additional information from providers to ensure MassHealth Members needs have been met.

Updated Rates for Psychiatric Day Treatment Providers

Rates for service codes H2012 and H2012-U1 have been updated effective July 1, 2021. These rates can be found at 101 CMR 307.00: Rates for Psychiatric Day Treatment Center Services.

Psychiatric day treatment providers who wish to use service code 90887 will find the corresponding rate of \$40.62 at 101 CMR 306.00: Rates of Payment for Mental Health Services Provided in Community Health and Mental Health Centers.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

06/29/21 – Revised message (previously posted 06/22/21)

URGENT: MEDICAL DEVICE RECALL

Philips Respironics: Trilogy 100, Trilogy 200, Garbin Plus, Aeris, LifeVent, BiPAP V30, and BiPAP A30/A40 Series Device Models

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that Philips Respironics (Philips) is voluntarily recalling the below devices. Philips has indicated that the recall is due to two (2) issues related to the polyester-based polyurethane (PE-PUR) sound abatement foam used in Philips Continuous and Non-Continuous Ventilators: 1) PE-PUR foam may degrade into particles which may enter the device's air pathway and be ingested or inhaled by the user, and 2) the PE-PUR foam may off-gas certain chemicals.

MassHealth-enrolled providers are expected to perform prompt amelioration, repair, or replacement of items subject to recall. 130 CMR 450.204(B) requires that services, including but not limited to oxygen and respiratory equipment and supplies, meet professional standards. 101 CMR 322.03(15) requires prompt action in the event of a recall of respiratory devices. Additionally, 101 CMR 322.03 (4)(a)1.b and 101 CMR 322.03(4)(b)1.a provide that the purchase or rental of respiratory therapy devices includes replacement of defective items.

The recall applies to all Devices manufactured before 26 April 2021, All serial numbers:

Continuous Ventilator:

Trilogy 100

Trilogy 200

Garbin Plus, Aeris, LifeVent

Continuous Ventilator, Minimum Ventilatory Support, Facility Use:

A-Series BiPAP Hybrid A30 (not marketed in US)

A-Series BiPAP V30 Auto

Continuous Ventilator, Non-life Supporting:

A-Series BiPAP A40

A-Series BiPAP A30

Please refer to Philips's recall letters below:

Philips Recall Letter: <https://www.mass.gov/doc/phillips-recall-letter/download>

Philips Recall Physician Engagement Letter: <https://www.mass.gov/doc/phillips-engagement-letter/download>

If you have concerns regarding this recall, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. MassHealth may also be requesting additional information from providers to ensure MassHealth Members needs have been met.

July

07/06/21

Member Cost Sharing – POST IMPLEMENTATION

On July 1, 2021, MassHealth implemented its revised cost sharing policy and updated its systems to support the policy changes. The Eligibility Verification System (EVS) was updated to display the new copay information and related messaging for certain MassHealth members. The 271 response was modified to remove a data element and include additional information in Loop 2110C.

All Trading Partners and Vendors who send and receive 270/271 electronic HIPAA transactions should have evaluated the changes outlined in the MassHealth Companion Guide and ensured that your practice management systems can accept the copay information. Entities should have also ensured that the copay information is viewable and/or accessible within their practice management and Electronic Medical Record (EMR) systems as applicable.

Please visit the link below for the most updated 270/271 HIPAA Companion Guide: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>.

Providers that have any questions related to the 270/271 changes should contact MassHealth Customer Service Center's EDI team at edi@mahealth.net.

For more information regarding MassHealth's member cost sharing initiative please refer to All Provider Bulletin 315: <https://www.mass.gov/lists/all-provider-bulletins>

The MassHealth Customer Service Center hosted a provider information session to provide a high-level overview of these changes on June 16th. The presentation can be located on the MassHealth Copayments Frequently Asked Questions landing page: <https://www.mass.gov/service-details/masshealth-copayments-frequently-asked-questions>

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com. Pharmacy providers who have any questions contact the MassHealth Pharmacy Technical Help Desk at (866) 246-8503.

07/13/21

Multi Benefit Plan

This winter MassHealth will update its Eligibility Verification System (EVS) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (271/271) transaction to include the additional benefit plans below for applicable members:

- COVID Uninsured Coverage
- CMSP
- Limited
- HSN

Trading Partner Testing (TPT) will be available in fall 2021. Trading partners should visit the MassHealth HIPAA Companion Guides webpage listed below to evaluate the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensure that their systems can accept the additional benefit plan information: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME and OXY Payment and Coverage Guideline Tool was updated on 7/7/2021 and posted on the MassHealth website.

To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools.

The following HCPCS code was added effective for dates of service on or after 7/7/2021: E1405RR “Oxygen and Water Vapor Enriching System with Headed Delivery, Monthly rental”

Beginning with dates of service on or after 7/7/2021, providers should no longer bill for this service using HCPCS code E1399. The rate for E1405RR can be found in 101 CMR 322.06: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, at the following link: <https://tinyurl.com/p2sfx8kj>

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, prior authorization requirements, etc.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

07/20/21

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2021

MassHealth has completed the rate updates for the April 1, 2021 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or e-mail providersupport@mahealth.net.

POST EMERGENCY COVID APR-DRG UPDATES FOR ALL ACUTE INPATIENT HOSPITALS

MassHealth has completed updating the weights for 5 Covid related APR-DRGs (including the four severity of illness (SOI) levels for each) to align with the Rate Year 2021 RFA weights for the Commonwealth's Post-Emergency Period. Claims with Date of Admission on or after 6/16/2021 have been adjusted to reflect these updated weights. The adjusted claims will appear on this or a future remittance advice.

The Covid related APR-DRGs involved were: 4, 5, 130, 137, and 720.

If you have questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or e-mail providersupport@mahealth.net.

07/27/21

Revised message - Multi Benefit Plan

MassHealth previously released a message indicating that the Eligibility Verification System (EVS) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction would be updated this winter to include additional benefit plans. The message also referenced Trading Partner Testing (TPT) and MassHealth HIPAA Companion Guide (CG) updates.

Please note the EVS and 270/271 changes have now been targeted for Spring 2022. More information related to these changes, TPT timelines, and CG updates will be made available later this calendar year.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

TEMPORARY RATE INCREASE FOR DME AND OXYGEN AND RESPIRATORY EQUIPMENT AND SUPPLIES and NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that rates for all services are being temporarily increased pursuant to federal law.

MassHealth has implemented rate increases to reflect Massachusetts' strategy to use enhanced federal funding for Medicaid home and community-based services (HCBS) through Section 9817 of the American Rescue Plan Act (ARPA).

Effective 7/1/21 thru 12/31/21, all rates have been temporarily increased by 10% pursuant to 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act. Also, under 101 CMR 447.00, the standard markup is increased by 10% for HCPCS codes with rates set by the methodology for adjusted acquisition cost plus markup (AAC+). For example, from 7/1/21 through 12/31/21, items otherwise reimbursed with an AAC+20% rate, will have an AAC+ 30% rate.

The MassHealth DME and OXY Payment and Coverage Guideline Tool was updated on 7/20/21 and the Tool and corresponding rate regulation (101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act) have been posted on the MassHealth website.

To confirm that you are using the most recent version of the Tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools

Link for rate regulation: <https://tinyurl.com/exrku8yh>

You can find additional information at: <https://tinyurl.com/b2yvnu2k> and <https://tinyurl.com/3tru4hur>

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, and prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

August

08/03/21

NEW UPDATED VERSION OF THE ORTHOTIC AND PROSTHETIC PAYMENT & COVERAGE GUIDELINE TOOL

Orthotics (ORT) and Prosthetics (PRT) providers are advised that the MassHealth ORT and PRT Payment and Coverage Guideline Tool was updated on 7/27/2021 and posted on the MassHealth website.

To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools

The following HCPCS code was updated effective for dates of service on or after 8/1/2021:
L0999 “Addition to spinal orthosis, not otherwise specified, 1 per year”

Please refer to our online MassHealth ORT and PRT Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, and prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

08/10/21

Reminder to use GT Modifier when providing Therapist Services via Telehealth

This communication is being provided as a reminder that all outpatient therapy (physical, occupational, speech-language) providers must use the GT Modifier when rendering therapist services via telehealth. For further guidance, please reference the below provider bulletins.

Rehabilitation Center Bulletin 13: <https://tinyurl.com/4vprxsm7>

Speech and Hearing Center Bulletin 13: <https://tinyurl.com/t939hehb>

Therapist Bulletin 16: <https://tinyurl.com/24rdkf5c>

If you have questions regarding this notification, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Reminder to use GT Modifier when providing Home Health Services via Telehealth

This communication is being provided as a reminder that home health providers must use the GT Modifier when rendering home health services via telehealth. For further guidance, please reference the below provider bulletin.

Home Health Agency Bulletin 63: <https://tinyurl.com/rftv767u>

If you have questions regarding this notification, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Reminder to use GT Modifier when providing Hospice Services via Telehealth

This communication is being provided as a reminder that hospice providers must use the GT Modifier when rendering hospice services via telehealth. For further guidance, please reference the below provider bulletin.

Hospice Bulletin 19: <https://tinyurl.com/348dnz4z>

If you have questions regarding this notification, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Continuous Skilled Nursing Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act

On July 19, 2021, The Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act, which includes an approximately 30% rate add-on for continuous skilled nursing (CSN) services provided by independent nurses for dates of service from July 1, 2021 to December 31, 2021.

MassHealth has completed updates to the agency's claims system to allow independent nurses to bill and be reimbursed for the rates established under 101 CMR 447.00 (Link: <https://tinyurl.com/bukynyp7>, to view specific rates it is recommended to view the Service Codes Spreadsheet XLSX document).

MassHealth will be adjusting all submitted provider claims for dates of service between July 1, 2021 and August 20, 2021 to account for the increased rates. Independent nurses will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to August 20th. After August 20th, independent nurses are expected to bill for CSN services using the higher rates established under 101 CMR 447.00.

Providers who have submitted a span bill for dates of service starting before July 1, 2021 which includes dates during the retro adjustment period, must reach out to the LTSS Provider Service Center for support. It is not recommended to use span billing during this time.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Continuous Skilled Nursing Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act

On July 19, 2021, The Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act, which includes an approximately 30% rate add-on for continuous skilled nursing (CSN) services provided by home health agencies for dates of service from July 1, 2021 to December 31, 2021.

MassHealth has completed updates to the agency's claims system to allow home health agencies to bill and be reimbursed for the rates established under 101 CMR 447.00 (Link: <https://tinyurl.com/bukynyp7>, to view specific rates it is recommended to view the Service Codes Spreadsheet XLSX document).

MassHealth will be adjusting all submitted provider claims for dates of service between July 1, 2021 and August 20, 2021 to account for the increased rates. Home health agencies will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to August 20th. After August 20th, home health agencies are expected to bill for CSN services using the higher rates established under 101 CMR 447.00.

Providers who have submitted a span bill for dates of service starting before July 1, 2021 which includes dates during the retro adjustment period, must reach out to the LTSS Provider Service Center for support. It is not recommended to use span billing during this time.

If you or your agency have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

08/17/21

Reminder – HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Transaction Utilization

In order to ensure timely and efficient processing of eligibility inquiry batch transactions, all trading partners must adhere to, and be in compliance with, the HIPAA ASC X12 standards and MassHealth policy. Please review the submission guidelines below and ensure that your organization, including all vendors, clearing houses, and billing intermediaries, comply with them:

- ONLY check eligibility for those MassHealth members that you will actually service that day or the following day.

- DO NOT submit your entire roster of MassHealth members if you are not servicing your entire roster of members that day or the following day.

- DO NOT include more than 16MB in any single eligibility request.

- YOU MUST INCLUDE the member's Medicaid ID number on the eligibility request, if known.

- ALWAYS POPULATE all subsequent eligibility requests with the member information received from MassHealth on the prior eligibility response (where applicable).

For further information on this topic, please visit the link below for the most updated 270/271 HIPAA Companion Guide: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>.

If you have any EDI questions, please contact MassHealth EDI at edi@mahealth.net or (800) 841-2900.

Continuous Skilled Nursing Holiday Rate Correction and Auto Claims Adjustment for Independent Nurse Providers

Per 101 CMR 361.000 Rates for Continuous Skilled Nursing, holidays that occur on a weekend are observed on that day and not the preceding Friday or following Monday. It has been brought to MassHealth's attention that the holiday rate within 101 CMR 361.000 was paid on July 5, 2021 instead of July 4, 2021.

MassHealth will be adjusting all submitted provider claims for July 4th and July 5th to accurately apply the holiday rates. Providers will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted.

Providers who have submitted a span bill for dates of service starting before July 4, 2021 which includes dates July 4, 2021 or July 5, 2021, must reach out to the LTSS Provider Service Center for support.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Continuous Skilled Nursing Holiday Rate Correction and Auto Claims Adjustment FOR HOME HEALTH AGENCY PROVIDERS

Per 101 CMR 361.000 Rates for Continuous Skilled Nursing, holidays that occur on a weekend are observed on that day and not the preceding Friday or following Monday. It has been brought to MassHealth's attention that the holiday rate within 101 CMR 361.000 was paid on July 5, 2021 instead of July 4, 2021.

MassHealth will be adjusting all submitted provider claims for July 4th and July 5th to accurately apply the holiday rates. Providers will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted.

Providers who have submitted a span bill for dates of service starting before July 4, 2021 which includes dates July 4, 2021 or July 5, 2021, must reach out to the LTSS Provider Service Center for support.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

08/24/21

DME/OXY Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act

On July 19, 2021, the Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act, which includes a 10% rate add-on for Durable Medical Equipment and Oxygen & Respiratory Therapy (DME/OXY) providers for dates of service from July 1, 2021, to December 31, 2021.

MassHealth has completed updates to the agency's claims system to allow DME/OXY providers to bill and be reimbursed for the rates established under 101 CMR 447.00 (Link: <https://tinyurl.com/bukynyp7>, to view specific rates we recommend that providers view the Service Codes Spreadsheet XLSX document).

MassHealth will be adjusting all submitted provider claims for dates of service between July 1, 2021, and August 27, 2021 to account for the increased rates. DME/OXY providers will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to August 27, 2021. After August 27, 2021, providers are expected to bill for DME/OXY services using the higher rates established under 101 CMR 447.00.

MassHealth is in the process of adjusting Prior Authorizations that require manual pricing, that allow for monthly deliveries, and that span the dates that include the 10% rate add-on. MassHealth will perform a mass adjustment on these claims once complete. Providers are not required to take any action at this time.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

08/31/21

Independent Nurse Bulletin 3: Rate Increases for Certain Home-and Community-Based Services related to Section 9817 of the American Rescue Plan Act

On August 18, 2021, MassHealth issued Independent Nurse Provider Bulletin 3. This bulletin provides information on the enhanced rates for Continuous Skilled Nursing (CSN) services issued through 101 CMR 447.00 for dates of service from July 1, 2021 through December 31, 2021.

See the Independent Nurse Bulletin 3 for further details: <https://tinyurl.com/7mjb8c9e>

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Home Health Agency Bulletin 67: Rate Increases and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act

On August 18, 2021, MassHealth issued Home Health Agency Bulletin 67. This bulletin provides information on the enhanced rates for intermittent home health and Continuous Skilled Nursing (CSN) services issued through 101 CMR 447.00 for dates of service from July 1, 2021 through December 31, 2021.

This bulletin also provides information regarding the provider attestation, spending requirements, and reporting requirements associated with the enhanced rates. As a reminder, agencies must ensure that their staff are aware of the rate increases including how the agency plans to distribute the fund and who within their agency they may contact for questions.

See the Home Health Agency Bulletin 67 for further details: <https://tinyurl.com/yzuwunk5>

If you or your agency has any questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

September

09/07/21

ATTN: MassHealth Durable Medical Equipment (DME), Oxygen and Respiratory Therapy Equipment (OXY) PROVIDERS, AND Pharmacy PROVIDERS with a DME/OXY Specialty

As of August 6, 2021, 130 CMR 409.000: Durable Medical Equipment Services Regulations were updated and published. Regulation 130 CMR 409.416(B)(4) specifies that the required prescription or Letter of Medical Necessity (LOMN) must provide the following information: the name, NPI number, and signature of the ordering practitioner and date signed. Please note that, in response to public comments, a revision to this regulation has replaced the requirement for the ordering practitioner's address with a requirement for the ordering practitioner's National Provider Identifier (NPI).

The full text of 130 CMR 409.416(B) Required Prescription or LOMN Information is below:

(B)The initial and subsequent prescriptions or the LOMN must contain the following information, as applicable, with the exception of item (5), which may be provided in additional supporting documentation:

- (1) the member's name;
- (2) the date of the prescription;

- (3) the name and quantity of the prescribed item and the number of refills (if appropriate);
- (4) the name, NPI number, and signature of the ordering practitioner and date signed;
- (5) medical justification for the item(s) being requested, including diagnosis or ICD-10 code;
- (6) the equipment settings, hours to be used per day, options, or additional features, as they pertain to the equipment;
- (7) length of need;
- (8) the expected outcome and therapeutic benefit of providing the requested item(s) or treatment, when requested; and
- (9) a summary of any previous treatment plan, including outcomes, that was used to treat the diagnosed condition for which the prescribed treatment is being recommended, upon request.

To allow for DME/OXY providers and ordering practitioners to implement system updates, MassHealth will accept either the NPI number or the ordering practitioner's address, together with all other required information, through September 30, 2021. Beginning October 1, 2021, the NPI number and all additional information will be required. If this information is missing on a PA, the PA request may be denied.

If you have concerns, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

UTILIZATION OF ROBOTICS PROCESSING AUTOMATION ON THE POSC

PLEASE FORWARD THIS MESSAGE TO THE PERSON RESPONSIBLE FOR AUTOMATION WITHIN YOUR ORGANIZATION

MassHealth understands that organizations (providers, vendors, relationship entities) utilize Robotics Processing Automation (RPA) tools to streamline manual processes to gain operational efficiencies. RPA is the use of software automation to perform high volume, repetitive, labor-intensive tasks that previously required humans to perform across applications. It involves robotic rules-based decision making.

MassHealth is generally supportive of simplification efforts to reduce administrative burdens and is currently exploring opportunities related to the utilization of RPA tools. It is important that the agency is aware of all organizations that utilize RPA tools on the Provider Online Service Center (POSC).

Any/all providers, vendors, and relationship entities that currently utilize RPA tools to send or receive information via the MassHealth POSC, or intend to adopt RPA tools to utilize on the POSC within the next 12 months, MUST complete the survey below: <https://tinyurl.com/syv2mux9>

Please complete the survey no later than Friday, October 8, 2021. Your feedback is important.

If you have any questions regarding this message or the RPA survey, please email MassHealth at: functional.coordination@mass.gov.

Updated MassHealth Policies on Gender Affirming Care Coverage

On September 2, 2021, the Executive Office of Health and Human Services (EOHHS) issued All Provider Bulletin 323 notifying providers of revised and new coverage policies related to gender affirming care, including gender affirming surgery.

Providers are asked to review the following documents:

All Provider Bulletin 323 - <https://www.mass.gov/lists/all-provider-bulletins>

Updated Medical Necessity Guidelines for Gender Affirming Surgery
- <https://tinyurl.com/x5ne9md8>

New Medical Necessity Guidelines for Hair Removal - <https://tinyurl.com/3rncxxj4>

MassHealth is dedicated to improving the health outcomes of our members, including transgender and gender diverse members, by providing access to medically necessary services. MassHealth is also in the process of developing a webpage for members with easy-to-understand information on accessing gender affirming care and will provide an update on these efforts in the coming weeks.

An informational webinar will be held September 29, 2021 at 11:00 AM. To register and attend this webinar please follow the link provided here: https://maximus.zoom.us/webinar/register/WN_0GJplfezSFCP2Am4IOp9wg

After registering for this event, you will receive an email with attendance details.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

09/14/21

Reprocess/Adjustments for Professional Claims Denied with Edit 4801 'Procedure Not Covered By Provider Contract'

MassHealth identified that certain professional claims billed by acute outpatient hospitals and hospital licensed health centers were inadvertently denied for edit 4801 'Procedure Not Covered by Provider Contract' from October 2020 through August 2021. This issue has been corrected and the affected claims have been reprocessed/adjusted. All reprocessed/adjusted claims will appear on this and subsequent remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

MassHealth Durable Medical Equipment (DME) Regulation and Deferred Compliance (Revised Message)

Effective August 6, 2021, 130 CMR 409.000: Durable Medical Equipment Services was updated. In response to public comments, MassHealth revised 130 CMR 409.416(B)(4) to require the ordering practitioner's unique National Provider Identifier (NPI) rather than the ordering practitioner's address.

Please note that MassHealth is extending time for compliance with the provision requiring the ordering practitioner's NPI, to allow DME/Oxygen and Respiratory Therapy Equipment (OXY) providers and ordering practitioners time to implement system updates. MassHealth will accept either the NPI number or the ordering practitioner's address on a prescription or Letter of Medical Necessity (LOMN), together with all other required information, through September 30, 2021. Beginning October 1, 2021, the NPI number and all additional information will be required. If this information is missing on a prescription submitted with a prior authorization (PA) request, the PA request may be denied.

The full text of 130 CMR 409.416(B): Requirements for Prescriptions or Letters of Medical Necessity Completed by the Ordering Practitioner is below:

(B) The initial and subsequent prescriptions or the LOMN must contain the following information, as applicable, with the exception of item (5), which may be provided in additional supporting documentation:

- (1) the member's name;
- (2) the date of the prescription;
- (3) the name and quantity of the prescribed item and the number of refills (if appropriate);
- (4) the name, NPI number, and signature of the ordering practitioner and date signed;
- (5) medical justification for the item(s) being requested, including diagnosis or ICD-10 code;

(6) the equipment settings, hours to be used per day, options, or additional features, as they pertain to the equipment;

(7) length of need;

(8) the expected outcome and therapeutic benefit of providing the requested item(s) or treatment, when requested; and

(9) a summary of any previous treatment plan, including outcomes, that was used to treat the diagnosed condition for which the prescribed treatment is being recommended, upon request.

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

09/21/21

Claims Reprocessed FOR CPT 71552 - MAGNETIC RESONANCE IMAGING CHEST W/OUT CONTRAST MA

Updates have been completed for CPT 71552 26/TC effective for dates of service on or after January 1, 2019. All affected claims have been reprocessed and will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

09/28/21

REMINDER: ROBOTICS PROCESSING AUTOMATION (RPA) SURVEY

PLEASE FORWARD THIS MESSAGE TO THE PERSON RESPONSIBLE FOR AUTOMATION WITHIN YOUR ORGANIZATION

As a reminder to any/all providers, vendors, and relationship entities that currently utilize RPA tools to send or receive information via the MassHealth POSC, or intend to adopt RPA tools to utilize on the POSC within the next 12 months, MUST complete the survey below:

<https://tinyurl.com/syv2mux9>

Please complete the survey no later than Friday, October 8, 2021. Your feedback is important.

If you have any questions regarding this message or the RPA survey, please email MassHealth at: functional.coordination@mass.gov.

Transition of EARLY Intensive BEHAVIORAL Intervention (EIBI) from Early Intervention

Effective 10/1/21, Early Intensive Behavioral Intervention (EIBI) providers, previously known as Intensive Early Intervention, will be responsible for claiming processes. Early Intervention (EI) providers should ensure that all EIBI claims are end dated 9/30/21 as EI providers will not be the responsible party for billing as of 10/1/21. In addition, as of 10/1/21 all EIBI claims should be submitted to the member's Managed Care Entity. EI providers should ensure any insurance/authorization information (unit/date of original authorization) is transmitted to the EIBI provider and the Managed Care Entity.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME and OXY Payment and Coverage Guideline Tool was updated on 9/22/2021 and posted on the MassHealth website.

To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools

The following HCPCS code/modifier combinations have been added with the effective dates of service on or after 9/23/2021:

T4522-U6: Premium: Adult sized disposable incontinence product, brief/diaper, medium, each

T4523-U6: Premium: Adult sized disposable incontinence product, brief/diaper, large each

T4524-U6: Premium: Adult sized disposable incontinence product, brief/diaper, extra- large, each

For further guidance please reference:

Durable Medical Equipment Provider Bulletin 28 and Oxygen and Respiratory Therapy Equipment Providers Bulletin 22: <https://www.mass.gov/lists/2021-masshealth-provider-bulletins#september->

Administrative Bulletin 21-23 Rate Updates for Certain Absorbent Products Subject to a Preferred Supplier Agreement: <https://tinyurl.com/4rtw6bmt>

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, and prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

October

10/05/21

Medicare Crossover Claims issue

MassHealth had identified an issue with certain Institutional and Professional crossover files received by MassHealth between 6/15/21 and 6/19/21. If your Medicare claim was not processed by MassHealth as expected and there is a remaining patient responsibility amount, please submit your claim(s) directly to MassHealth. Ensure that the Medicare adjudication information is reported on your MassHealth claim(s) submission as it appears on the Medicare Explanation of Benefits.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

10/12/21

Expanded Vaccine Requirement to Include Home Care Workers and Independent Nurse COVID-19 Attestation Form

On September 29, 2021, MassHealth issued Independent Nurse (IN) Provider Bulletin 5 (link: <https://tinyurl.com/cxwz3k5w>). This bulletin provides communication regarding the expanded vaccine requirement. MassHealth further issued IN communication which can be downloaded here: <https://tinyurl.com/vyp4jsed>.

Independent Nurses may locate the IN COVID-19 Vaccine Attestation Form at the following locations: Mass.gov Provider Forms: <https://tinyurl.com/ecj4a9k6> or on the MassHealth LTSS Provider Portal: <https://tinyurl.com/3bemavw8>.

If you or your agency has questions, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

RPA SURVEY EXTENDED UNTIL 10/29/21

**PLEASE FORWARD THIS MESSAGE TO THE PERSON RESPONSIBLE FOR
AUTOMATION WITHIN YOUR ORGANIZATION**

Previously, MassHealth requested that any/all providers, vendors, and relationship entities that currently utilize Robotics Processing Automation (RPA) tools (AKA bots) to send or receive information via the MassHealth Provider Online Service Center (POSC), or intend to adopt RPA tools to utilize on the POSC within the next 12 months, **MUST** complete the survey below by October 8, 2021:

<https://tinyurl.com/syv2mux9>

Please note that it is important that MassHealth is aware of ALL organizations that utilize RPA tools on the POSC. Therefore, the survey has been extended until October 29, 2021. If you have not yet completed the survey to identify the bots that you are currently using or intend to use, please complete the survey immediately, but no later than Friday, October 29, 2021.

If you have any questions regarding this message or the RPA survey, please email MassHealth at: functional.coordination@mass.gov.

10/19/21

Masshealth User ID Policy reminder

MassHealth providers (including vendors and relationship entities) conduct day-to-day business with MassHealth electronically, via the Provider Online Service Center (POSC), point to point connectivity, and the Interactive Voice Response (IVR) system. All users must have an authorized MassHealth user ID and password to access these systems and must abide by the Virtual Gateway (VG) terms and conditions that each user attests to upon initial sign-on to any VG hosted application (e.g., POSC).

Please note that each user is solely responsible for the use of their ID and should not share it with anyone. Sharing user IDs is a violation of the terms that each user has attested to. MassHealth monitors shared user ID activity on a regular basis. Any user ID that violates the Terms and Conditions may be subject to termination.

Additionally, each provider organization must be sure that access to the POSC is accurately maintained to ensure that only those persons that should have access to the organization's data can view, submit, or receive information on behalf of the organization. This includes terminating user IDs once a staff person or affiliate has left your organization or terminated the affiliation. MassHealth encourages providers to establish and maintain a quarterly, semi-annual, or annual review of all user access to safeguard the organization's MassHealth information.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Multi Benefit Plan

In Spring 2022, MassHealth will update its Eligibility Verification System (EVS) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include additional benefit plans. Please see below for applicable member benefit plans:

- COVID Uninsured Coverage
- CMSP
- Limited
- HSN

Trading Partner Testing (TPT) will be available this winter. Trading partners should visit the MassHealth HIPAA Companion Guides webpage listed below to evaluate the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensure that their systems can accept the additional benefit plan information: <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Retro claims adjustment update for Home Health Agency Rate Increases Issued through 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act

On July 19, 2021, The Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act, which includes a 10% rate add-on for home health services for dates of service starting July 1, 2021 through December 31, 2021.

MassHealth has completed updates to the agency's claims system to allow home health agencies to bill and be reimbursed for the rates established under 101 CMR 447.00 (Link: <https://tinyurl.com/bukynyp7>, to view specific rates it is recommended to view the Service Codes Spreadsheet XLSX document).

MassHealth will be adjusting all submitted provider claims for dates of service between July 1, 2021 and September 30, 2021 to account for the increased rates. Home health agencies will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to September 30. After September 30, home health agencies are expected to bill for home health services using the higher rates established under 101 CMR 447.00.

Providers who have submitted a span bill for dates of service starting before July 1, 2021 which includes dates during the retro adjustment period, must reach out to the LTSS Service Center for support. It is not recommended to use span billing during this time.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

10/26/21

Duplicate Outpatient Claim Payments for Drug Codes

MassHealth has been notified that some providers have received duplicate claim payments for certain service codes. We are aware of the issue and are currently working on the resolution. MassHealth will subsequently identify and reprocess any affected claims for recoupment. No action is required for providers.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

November

11/02/21

MassHealth Primary User Policy reminder

As a MassHealth provider (including vendors and relationship entities) utilizing the MassHealth Provider Online Service Center (POSC), your appointed Primary User is responsible for managing user access to your MassHealth information on the MMIS POSC and related point to point connectivity methods. It is important to ensure that access to your data is securely managed by the Primary User. Any password resets for subordinate accounts should be done by the Primary User. MassHealth strongly recommends that Primary Users validate user access on a regular basis, and only provide users with the access they need (e.g. do not grant every user full access).

The Primary User must ensure that a back-up administrator is assigned, that each user is assigned a unique user ID, and is made aware that they should not share their user ID with anyone. Please

note that sharing user IDs is a violation of the terms that each user has attested to. Any user ID that violates the Terms and Conditions may be subject to termination. Additionally, the Primary User should establish and maintain a quarterly, semi-annual, or annual review and validation of all user access to ensure that only those staff and affiliates that need access to your data have it.

In the event the Primary User and assigned backup leaves the provider, trading partner, or relationship entity organization, that organization must immediately identify a replacement Primary User, complete a Data Collection Form (DCF) <https://tinyurl.com/44khsh9a>, and submit it to MassHealth to officially notify the agency of the change.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Home Health Agency and Continuous Skilled Nursing Agency Program Regulation Training

Effective January 1, 2022, MassHealth will be amending the Home Health Agency (HHA) regulations. 130 CMR 403.000 governs the delivery of intermittent home health services (skilled nursing visits, medication administration, therapies, and home health aide). Please note, effective January 1, 2022, rules and regulations for continuous skilled nursing (CSN) services will be established under 130 CMR 438.000. 130 CMR 438.000 governs the delivery of CSN services. MassHealth will be hosting a separate training for 130 CMR 403.000 and 130 CMR 438.000.

To ensure your organization understands the changes to the program regulations, MassHealth is conducting training for HHA providers providing intermittent home health and CSN services. All HHA providers are highly encouraged to attend the training and review the proposed regulations in advance of the training.

To view the proposed HHA regulations: <https://tinyurl.com/9hres6rb>

To view the proposed CSN agency regulations: <https://tinyurl.com/5dc3ua9r>

HHA Training (the same information will be discussed at both sessions)

Session 1: Wednesday, November 3, 2021 from 9:00 AM – 11:00 AM

To register: <https://tinyurl.com/7pyx3d6w>

Session 2: Wednesday, November 3, 2021 from 1:00 PM – 3:00 PM

To register: <https://tinyurl.com/n5xyrybb>

CSN Agency Training

Session: Friday, November 5, 2021 from 9:00 AM – 11:00 AM

To register: <https://tinyurl.com/556u2afc>

Upon registering, you will receive an email from WebEx confirming your registration. This email contains the link you will need to log in to your training session and is specific to your email. Please do not forward this registration email to anyone else as this may prevent you from being able to log in to your session.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Billing Reminder Regarding Opioid Treatment Services Provided to Medicare and Medicare Advantage Members

Substance Use Disorder providers who furnish opioid treatment services to members with Medicare or Medicare Advantage coverage are reminded that these services must first be billed to the other insurer prior to billing MassHealth. Claims may be submitted to MassHealth if there is a remaining patient responsibility amount after billing the insurance.

Claims submitted to MassHealth for opioid treatment services that do not include the Medicare or Medicare Advantage plan adjudication information on the claim will be denied for edit 2505 'member covered by Medicare' or edit 2502 'member covered by other insurance' respectively. Per MassHealth TPL regulations (130 CMR 450.316), providers must make diligent efforts to bill all other insurers prior to billing MassHealth.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

11/09/21

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE October 1, 2021

MassHealth has completed the rate updates for the October 1, 2021 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

FINAL DEADLINE APPEALS BOARD ELECTRONIC CORRESPONDENCE

MassHealth has published All Provider Bulletin 300 for the Final Deadline Appeals Board in adapting its methods for appeals-related correspondence. This facilitates timely and secure communication with providers. The bulletin can be found at <https://www.mass.gov/lists/2020-masshealth-provider-bulletins>.

To facilitate timely and secure communication between providers and the Final Deadline Appeals Board, MassHealth is now requesting providers to include an email address in the appeal form or cover letter submitted pursuant to 130 CMR 450.323(B)(1).

If you have questions regarding this message, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

11/16/21

FY2022 General Appropriations Act Home Health Aide Rate Increases and Reporting Requirements

On October 29, 2021, the Executive Office of Health and Human Services (EOHHS) issued Home Health Agency Provider Bulletin 70. This bulletin addresses FY22 General Appropriations Act home health aide rate increases and reporting requirements.

For further information including reporting requirements see the link below.

Home Health Agency Bulletin 70: <https://tinyurl.com/dcnj7jsr>

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

FY2022 General Appropriations Act- Home Health Aide Retro Claims Adjustment

MassHealth has completed updates to the agency's claims system to allow home health agencies to bill and be reimbursed for the rates established under 101 CMR 449.00 Rates for Certain Home- and Community-Based Services Related to Workforce Development (Link: <https://tinyurl.com/d5brpwrdr>). Rates established under 101 CMR 449.000 have been promulgated via emergency rate process effective October 1, 2021 through June 30, 2022.

MassHealth will be adjusting all submitted home health aide provider claims for dates of service between October 1, 2021 and November 26, 2021 to account for the increased rates. Home

health agencies will not need to resubmit claims or request claims adjustments from the MassHealth agency for any claims submitted without the supplemental add-on rate for dates of service prior to November 26. After November 26, home health agencies are expected to bill for home health services using the higher rates established under 101 CMR 449.00.

Providers who have submitted a span bill for dates of service starting before October 1, 2021 which includes dates during the retro adjustment period must reach out to the LTSS Service Center for support. It is not recommended to use span billing during this time.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

11/30/21

UPDATE: ARPA TEMPORARY RATE INCREASE

On July 19, 2021, the Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act (ARPA), which includes a temporary 10% rate add-on for Durable Medical Equipment and Oxygen & Respiratory Therapy (DME/OXY) providers for dates of service from July 1, 2021 to December 31, 2021.

MassHealth has completed the adjustment of claims with assigned rates with dates of service on or after July 1, 2021 through August 27, 2021. Providers were notified that after August 27, 2021, providers are expected to bill for DME/OXY services using the higher rates established under 101 CMR 447.00.

MassHealth has also completed the adjustment of all claims for gloves code A4927 with dates of service on or after July 1, 2021 through and including September 27, 2021, using the rate established under 101 CMR 447.00. (Link: <https://tinyurl.com/bukynyp7>)

MassHealth is now in the process of adjusting claims that required prior authorization and were manually priced using the Adjusted Acquisition Cost (AAC) methodology. ARPA rate adjustments for AAC priced claims for dates of service on or after July 1, 2021 through November 9, 2021 will be done in stages during the next couple of months. Providers will not have to take any actions on these claims. Providers are expected to bill for DME/OXY services on or after November 9, 2021 using the higher ARPA rates established under 101 CMR 447.00.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

lump sum payments for WORKFORCE INVESTMENT RATES FOR CERTAIN HEALTH AND HUMAN SERVICES PROGRAMS

As a result of the public health emergency related to COVID-19, MassHealth is working to provide fiscal recovery funds to support health and human services providers and their workforce.

In accordance with 101 CMR 448, enacted on July 1, 2021, MassHealth is issuing operational add-on rates for certain services whose basic rates are governed by other regulations.

Pursuant to 101 CMR 448.03(4), MassHealth will pay the operational add-on rate through a one-time lump sum payment to eligible providers for the covered time period July 1, 2021 through December 31, 2021. The lump sum amount is calculated according to the following formula: Product of $\{[(\text{total May 2021 (one month) MassHealth spend on the services listed in 101 CMR 448.01(5)}) * (\text{Add-on rate of 10\%}) * (6 \text{ units})]\}$. The factor of six reflects the number of months in the covered time period.

The following are eligible provider types pursuant to 101 CMR 448:

- PT 29: Early Intervention
- PT 26: Mental Health Center
- PT 65: Psychiatric Day Treatment
- PT 28: Substance Use Disorder Treatment
- PT 05: Psychologist

As a condition of payment for the add-on rate, each provider must complete an attestation assuring EOHHS that they will use at least 90% of the funds for direct care workforce development, including hiring and retention bonuses and other categories of worker compensation. As a further condition of payment, a provider must submit a spending report to EOHHS for the use of the add-on rate, as directed by EOHHS. Where a provider delivers certain eligible services through separate businesses, that provider must submit one (1) attestation and one (1) spending report per Employer Identification Number (EIN) or Tax Identification Number (TIN). The provider spending report and attestation must be submitted to EOHHS by July 31, 2022. For additional information and requirements, please see: <https://tinyurl.com/b2yvvu2k>.

If MassHealth did not make payments to a provider for services rendered in May 2021, that provider is ineligible to receive a lump sum payment from MassHealth for the add-on rate.

MassHealth anticipates the payment will be processed by November 30, 2021. Lump sum payments will be aggregated for organizations with multiple eligible providers, and those organizations will receive one lump sum payment for all the organization's add-on rate eligible providers. Payments will be labeled "101 CMR 448.00 Workforce Investment" on VendorWeb/remittance advices.

On behalf of MassHealth, thank you for your dedication and partnership as we work together to care for the critical needs and supports of the individuals in our care.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.